

DoD Space Planning Criteria for Health Facilities

General and Specialty Surgical Clinics

3.11.1. PURPOSE AND SCOPE:

This section sets forth space planning criteria for General Surgery and Specialty Surgical Clinical Services in military health care facilities. Specialty Surgical services include within this chapter: colorectal, neurosurgery, plastic surgery and cardiothoracic surgery.

Separate sections provide information on other specialty clinics, as listed below:

Specialty Medical Clinic	Section	Psychiatric Clinics	Section
Allergy/Immunization	3.17	Mental Health/Hygiene	3.18
Dermatology	3.15	Psychiatry	3.18
Endocrinology	3.15	Child Psychiatry	3.18
Gastroenterology	3.15	Clinical Psychology	3.18
Hematology/Oncology	3.15		
Infectious Disease	3.15	Women's Health	Section
Internal Medicine	3.15	OB/GYN	3.6
Nephrology	3.15	Family Planning	3.6
Neurology	3.15		
Rheumatology	3.15	Pediatrics	Section
		Adolescent	3.3
Cardiology/Pulmonary Services	Section	Infectious Disease Pediatrics	3.3
Cardiology	3.16	Well Baby	3.3
Pulmonary	3.16		
Preventative/Occupational Clinics:		Primary Care	Section
Aerospace, Aviation, and	3.4	Clinic of the Future	3.2
Submarine Medicine		Emergency	3.5
Community Health Nursing	3.19	Family Practice	3.1
Industrial Hygiene,	3.19	General Practice	3.1
Environmental and		Physical Examination	3.1
Bioenvironmental Sciences			
Occupational Health/Civilian	3.19	Specialty Surgical Clinics	Section
Employee Health Clinic		Colorectal	3.11
Preventive Medicine	3.19	General Surgery	3.11
		Neurosurgery	3.11
Eye, Ear, Nose & Throat	Section	Orthopedic/Podiatry	3.12
Audiology	3.10	Plastic Surgery	3.11
Ophthalmology/Optometry	3.13	Thoracic Surgery	3.11
Otorhinolaryngology (ENT)	3.10	Pain	3.11
Speech Therapy	3.10	Urology	3.14

3.11.2. DEFINITIONS:

Colorectal: Area of the lower portion of the colon or the rectum.

Endoscopy: Inspection of the interior of a canal or any air or food passage by means of an endoscope.

General surgery: That which deals with surgical problems of all kinds.

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Neurosurgery: Surgery of the nervous system, that is designed to restore normal conductivity in malfunctioning nerve fibers or to improve blood flow in the nerve tissue, or to alleviate mental illness.

Pain Clinic: A pain clinic focuses on the clinical methods used and the problems involved in the diagnosis and treatment of persistent and recurrent types of pain. A significant portion of the patients seen in a pain clinic have had accidents or surgery and are still in pain after the normal healing period has elapsed (more than 3-6 months). Examples of problems treated by a pain clinic may include: back, neck, arm and leg pain, headaches, arthritis, herniations, Reflex Sympathetic Dystrophy (RSD), nerve damage, complex neurological problems, neuropathies, muscle disorders, muscular strains, and pain resulting from cancer and injuries. Treatment often includes the management of pain associated problems, such as sleep disorders, anxiety, depression and frustration.

Plastic Surgery: Plastic surgery is concerned in the shape and appearance of body structures that are defective, damaged or misshapened by injury, disease, or growth and development.

Proctology: The branch of medicine concerned with disorders of the rectum and anus and treatment of their diseases.

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. Providers are surgeons, physicians, physician's assistants and clinical nurse practitioners.

Thoracic Surgery: Surgery of the thorax or chest.

Vascular Surgery: Surgery of the blood vessels.

3.11.2. POLICIES:

Clinic Composition:

Whenever the workload of any specialty does not support more than two surgeon FTEs, a separate clinic should not be programmed. Surgical specialties that do not justify a separate clinic should be combined into an appropriate clinic grouping.

Providers' Examination Rooms: Each surgeon will be provided with two examination rooms.

Providers' Offices: Each FTE surgeon and provider on the staff, who has patient appointments, will be provided a private office.

Residents' Office Space: Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Examination Rooms: Additional examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients.

Note: these residents are not necessarily orthopedic residents only; family practice, internist and others residency programs may require a rotation in the surgery clinic.

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3.11.4. PROGRAM DATA REQUIRED:

Number of providers programmed.
 Distribution of surgeons by specialty and/or service.
 Maximum number of FTE residents seeing patients in the clinic at one time?
 Provide any surgical graduate medical education programs and the number of residents in each, i.e. general surg., plastic surg. neurosurgery, proctology, thoracic or vascular surgery.
 Is there a Residency Research Technician assigned?
 If there is a pain clinic, how many anesthesiologist and nurse anesthetists are assigned?
 If there is a pain clinic, how many psychologists are assigned?
 If there is a pain clinic, how many physical therapists are assigned?
 If there is a pain clinic, how many physical therapy technicians are assigned?
 Are all endoscopy procedures accomplished in the hospital operating room ?

3.11.5. SPACE CRITERIA:

Toilets, Lounges and Locker Areas: The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

Administrative Offices: The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration in Section 2.1.

Combining functions: When programming a clinic that includes multiple surgical disciplines (general surgery, thoracic surgery, vascular surgery, etc.), special procedure rooms that required similar support functions (patient holding, utility rooms and recovery areas) should be located in such a way as to combine as opposed to duplicating the support functions.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	
PATIENT AREAS			
Clinic Waiting Area		varies	Provide one per clinic. Provide space for 3.0 seats to be in the waiting area for each provider FTE. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (hc wtg.).
Reception/Control	13.01	140	140 nsf per every 8 providers.
Provider’s Exam Rooms	11.15	120	Two per provider (FTE) programmed.
Screening Room	7.43	80	One per clinic.
Nurse Manager’s Office	11.15	120	One per clinic, when FTE programmed.
Patient Toilets		varies	See Section 6.1.
STAFF AND SUPPORT AREAS			
Provider’s Office	11.15	120	One per provider FTE programmed.
NCOIC/LCPO/LPO Office	11.15	120	One per clinic, when FTE programmed.

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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	
STAFF AND SUPPORT AREAS (continued)			
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Tumor Registry	11.15	120	One per facility. See also section 3.15. Provide only one for both departments.
Clinic Conference / Classroom	23.25	250	One per clinic.
Staff Lounge/Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Equipment Storage	9.29	100	One per clinic.
Litter and Wheelchair storage	5.57	60	One per clinic.
Janitors' Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.
TREATMENT AREAS			
General Treatment			
Clean Treatment Room – general purpose	16.26	175	One per 4 providers for both dirty and clean treatment (see below). Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery.
Dirty Treatment Room – general purpose	16.26	175	One per 4 providers for both dirty and clean treatment (see above). Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery.
Treatment Room – two station	31.59	340	One per large clinics with over 12 or more providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery.
Laser Treatment Room	16.26	175	One per clinic, if laser treatment performed.
Laser treatment equipment storage	7.43	80	One per laser treatment room.
Endoscopy Suite (includes Proctoscopy)			
Procedure Room – Endoscopy	40.87	280	Minimum. One for every 3 FTE general surgeons. Provide an additional room for every third additional general surgeons above three.
Procedure Room – Proctoscopy	18.58	200	Minimum. One for every 3 FTE proctologists. Provide an additional room for every third additional proctologists above three.
Dedicated Procto. Toilet	5.57	60	One per procto. Procedure room.
Equipment Storage	9.29	100	One per endo/procto. Suite.
Vascular/Thoracic Suite			
Microvascular Lab	18.58	200	One per clinic when vascular surgeon FTE projected.

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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	
Pain Clinic			
Office/Consult (for anesthesiologists, nurse anesthetists, psychologist and/or physical therapist).	11.15	120	One per FTE projected.
Procedure Room	16.26	175	One per 1 FTE programmed.
Examination Room	11.15	120	One per 1 anesthesiologist, nurse anesthetist, or physical therapist FTE programmed.
Physical Therapy Technicians' Office	11.15	120	One per every three or fraction of three physical therapy technician FTE programmed.
Equipment Storage	7.43	80	One per Pain Clinic.
Exercise Area	18.58	200	One per clinic, if ex. therapy performed. Allows space for 1 machine, mat area, with circulation. May be combined with Physical Therapy in Section 3.9.
Treatment Support Space			Use for all general treatment areas previously listed.
Soiled Utility	8.36	90	For up to 15 exam/treatment rooms.
	11.15	120	If 16-30 exam/treatment rooms.
	13.94	150	If > 30 treatment rooms.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms
	13.94	150	If 16-30 exam/treatment rooms.
	16.72	180	If >30 treatment rooms.
Nurses' Workroom	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
Scope Wash Room	11.15	120	One per clinic.
Instrument Processing Room (Soiled Utility)	7.43	80	Minimum of one. One per every two procedure rooms.
Clean Equipment Room	11.15	120	Minimum of one. Add an additional 60 nsf for each procedure room above two.
Recovery Room/Pre-Op Patient Holding	33.44	360	Minimum. 3 cubicles for first procedure room. Add 2 cubicles (at 120 nsf. each) for each additional procedure room.
Control/Observation Area	55.7	60	One per recovery/pre-operative patient holding room.
Patient Toilet	5.57	60	One per preoperative room/recovery patient holding room.
Dressing Cubicle	4.65	50	Minimum per cubicle. 1 cubicle per every treatment room.
Sub-waiting	7.43	80	If used, subtract 80 nsf from the total clinic waiting area. Place adjacent to treatment space.

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Functions which are required for Surgical Residency:

The following areas must be programmed if the MTF has Surgical Residency Program(s). These areas are in addition to those listed under common areas above.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	
Director of Residency	11.15	120	One per director of a Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of a Surgical Residency when there is a projected FTE secretary position.
Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Coordinator	11.15	120	One per Surgical Residency Program Coordinator if there is a projected FTE.
Resident's Office Space	11.15	120	Minimum, 60 nsf per projected resident.
Residency Library	22.29	240	One per Surgical Residency Program.
Conference Room	37.16	400	One per Surgical Residency Program.
Residents' Exam Room	11.15	120	Two examination rooms for each of the maximum of residents (all types) at any one time, who see patients in the clinic.